

HOFSTRA UNIVERSITY REGISTRATION RESTRICTION OVERRIDE FORM

Student Name: _____ ID: 70 _____ Term: _____
(Last, First, Initial)

Subject: _____ Course #: _____ CRN: _____

Please check all that apply, approve and stamp where applicable

	Restriction	Dept Rep. Signature	Expiration Date	Dept Stamp
<input type="checkbox"/>	Class Standing			
<input type="checkbox"/>	Closed Class			
<input type="checkbox"/>	College			
<input type="checkbox"/>	Degree			
<input type="checkbox"/>	Link			
<input type="checkbox"/>	Major			
<input type="checkbox"/>	Pre-Requisite			
<input type="checkbox"/>	Waitlist			